DEPARTMENT OF HEALTH AND SOCIAL SERVICES REPORT OF INDUCED TERMINATION OF PREGNANCY

PLEASE TYPE OR PRINT

1) PATIENT AGE	'S 2)DA	DATE OF PREGNANCY TERMINATION 3) CITY WHERE TERMINATION OF PREGANCY OCCURRED (MM/DD/YY)							
	_	//							
4) PATIENT'S ETHNICITY			5) PATIENT'S RACE			6) CITY AND STATE WHERE PATIENT RESIDES			
 □ NON-HISPANIC □ MEXICAN □ PUERTO RICAN □ CUBAN □ CENTRAL OR SOUTH AMERICAN □ OTHER OR UNKNOWN HISPANIC 			 □ WHITE □ AFRICAN AMERICAN (BLACK) □ NATIVE ALASKAN OR AMERICAN INDIAN □ ASIAN □ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER □ OTHER (SPECIFY) 			7) MARRIED YES NO 8) EDUCATION (SPECIFY THE HIGHEST GRADE COMPLETED) ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4 OR 5+)			
		PREVIOUS PR	EGNAN	CIES (CO	MPLETE EACH SECT	ION. DO NOT	LEAVE BLANK	.)	
	VIOUS LIVE BIRTH	S 10)	NUMBE	R OF PREVIOUS SPO	NTANEOUS	ABORTIONS			
9A) NOW LI	9A) NOW LIVING 9B) NOW DEAD		N	NUMBER NONE					
NUMBER NUMBER 11) NUMBER OF PREVIOUS INDUCED TERMINATIONS OF PREGNANCIES								FGNANCIFS	
	IE	□ NONE	(DO NOT INCLUDE THIS TERMINATION)						
			NUMBER NONE						
COMPLI	EEKS		(MM/DD/YY)//				MEDICAID NSURANCE DTHER SPECIFY)		
15) PRIMA		CEDURE USED	TO TER	MINATE	16) WAS THIS TERM		ECTED DUE TO	THE DETECTION OF A	
(CHECK ONE ONLY)						_	_		
15A) 🗆 SUCTION CURETTAGE					YES 🗆	NO L			
15B) DILATION AND EVACUATION					16B) TYPE OF CONG	GENITAL AND	OMALY		
15C) SHARP CURETTAGE					CHROMOSOMAL AN	NOMALY	YES □ NO		
15D) SALINE					NEURAL TUBE DEFI	ECT	YES □ NO		
15E) PROSTAGLANDIN					HEART ANOMALY Y		YES □ NO		
15F) ☐ HYSTERECTOMY 15G) ☐ HYSTEROTOMY					VENTRAL WALL DEFECT YE		YES □ NO		
15H) MIFEPRISTONE					OTHER		YES □ NO		
	METHOTREXATE				(SPECIFY)				
′	OTHER SPECIFY)								
☐ YES ☐ NO PATIENT REQUESTED AS 18.05.032			D A COP	Y OF TH	I E INFORMATION REC	QUIRED TO B	E MAINTAINED (ON THE INTERNET UNDER	
□ YES □ NO			A WRITT	EN COP	Y OF THE INFORMATI	ON REQUIRE	ED TO BE MAINT	AINED ON THE INTERNET	